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CONFIRMATION NO. 1177

|  |   |                                  |   |                                      |
|--|---|----------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/764,460   | <b>FILING OR 371(c) DATE</b><br>01/27/2004<br><b>RULE</b>   | <b>CLASS</b><br>360              | <b>GROUP ART UNIT</b><br>2627   | <b>ATTORNEY DOCKET NO.</b><br>118437 |
| <b>APPLICANTS</b><br>Norikazu Ota, Tokyo, JAPAN;<br>Tetsuro Sasaki, Tokyo, JAPAN;<br>Nobuya Oyama, Tokyo, JAPAN;<br>Soji Koide, Tokyo, JAPAN;  |   |                                  |   |                                      |
| <b>** CONTINUING DATA *****</b> <i>AC</i>  |   |                                  |   |                                      |
| <b>** FOREIGN APPLICATIONS *****</b> <i>Yes AC</i><br>JAPAN P2003-024621 01/31/2003  |   |                                  |   |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/12/2004</b>   |   |                                  |   |                                      |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Allowance</i><br>Examiner's Signature <i>AC</i> Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>5             |
| <b>INDEPENDENT CLAIMS</b><br>3   |   |                                  |   |                                      |
| <b>ADDRESS</b><br>25944  |   |                                  |   |                                      |
| <b>TITLE</b><br>Head slider, head gimbal assembly, and hard disk drive   |   |                                  |   |                                      |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |